

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 DEC 12 AM 11:57
OHIO COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Dorrian Committee							Registration Number, if PAC		
Full Name of Candidate Hugh J. Dorrian									
Street Address 425 Derrer Rd						Office Sought City Auditor		District	
City Columbus						State O H		Zip Code 43204	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September				Semiannual
	Monthly		Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y 1 1 0 8 0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 29,608.77
2. Total monetary contributions (From Form No. 31-A)	\$ 2,050.00
3. Total other income (From Form No. 31-A-2)	\$ 304.65
4. Total funds available (sum of lines 1, 2, 3)	\$ 31,963.42
5. Total monetary expenditures (From Form No. 31-B)	\$ 945.97
6. Balance on hand (line 4 minus line 5)	\$ 31,017.45
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Robert L. McDaniel, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12/10/05
Date

Contribution
pages **2**

Expenditure
pages **1**

Other
pages **5**

Total
pages **8**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee													
Full Name of Contributor Lewis R. Smoot						Registration Number, if PAC							
Street Address 3919 Sunbury Rd.			Employer/Occupation/Labor Organization* Smoot Construction				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43219		M 1		D 0		Y 3		Amount 1,000.00	
Full Name of Contributor The Columbus Group						Registration Number, if PAC							
Street Address 500 S Front St Ste 1200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1		D 1		Y 0		Amount 1,000.00	
Full Name of Contributor Christopher Soteriades						Registration Number, if PAC							
Street Address 811 Northwest Blvd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43212		M 1		D 1		Y 0		Amount 50.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,050.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee									
Full Name Buckeye Printing & Mailing Service Inc.						Registration Number, if PAC			
Address 217 N Grant Ave			Type* R E		M D Y 1 1 0 8 0 5			Amount 304.65	
City Columbus			State O H		Zip Code 43215			Form(Cash,Check,etc) Check	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee									
To Whom Paid Suburban News Publication						M	D	Y	Amount
						1	1	1	325.80
Address 5257 Sinclair Rd		Purpose Advertising							
City Columbus	State O	H	Zip Code 43229	Check Number 2196					
To Whom Paid Missy Brewer						M	D	Y	Amount
						1	1	1	25.00
Address 2967 Phoenix Ave		Purpose Employee Retirement							
City Hilliard	State O	H	Zip Code 43026	Check Number 2197					
To Whom Paid Cme Visa						M	D	Y	Amount
						1	1	1	222.40
Address P.O. Box 267121		Purpose Business Lunches/Flowers							
City Columbus	State O	H	Zip Code 43226	Check Number 2198					
To Whom Paid St. Charles Preparatory School Theatre						M	D	Y	Amount
						1	1	1	100.00
Address 2010 E Broad St		Purpose Advertising							
City Columbus	State O	H	Zip Code 43209	Check Number 2199					
To Whom Paid Friends of O'Grady						M	D	Y	Amount
						1	1	1	100.00
Address 271 E State St		Purpose Fundraiser Dinner							
City Columbus	State O	H	Zip Code 43215	Check Number 2200					
To Whom Paid Council of Southside Org						M	D	Y	Amount
						1	2	0	20.00
Address 2423 Groveport rd		Purpose Org Dinner							
City Columbus	State O	H	Zip Code 43207	Check Number 2201					
To Whom Paid Cme Visa						M	D	Y	Amount
						1	2	0	152.77
Address P.O. Box 267121		Purpose Business Lunches							
City Columbus	State O	H	Zip Code 43226	Check Number 2202					
To Whom Paid						M	D	Y	Amount
									0.00
Address		Purpose							
City	State		Zip Code	Check Number					

**** Outstanding**